



Illinois Address Confidentiality Program



ACP Application

Complete this application if you are seeking to obtain a substitute address and mail-forwarding services.

In order to participate in the Address Confidentiality Program you must be one of the following:

1. An adult person who 1) has good reason to believe he or she is a victim of domestic violence and 2) fears for his or her safety.
2. A parent or guardian acting on behalf of a minor child who 1) has good reason to believe that the child is a victim of domestic violence and 2) fears for the child's safety.
3. A guardian acting on behalf of a person with a disability, as defined in Article 11a of the Probate Act of 1975, who 1) has good reason to believe that the person with a disability is a victim of domestic violence and 2) fears for the safety of the person with a disability.
4. All other members of the ACP participant's household must also participate in the program in order to best protect the address.

Note: See page 2 for important definitions.

Please include one of the following as proof of residency with your application:

1. A copy of a lease with the applicant's name and residential address,
2. A copy of a utility bill with the applicant's name and residential address, or
3. A notarized letter from the owner or renter of the residential address stating that the applicant currently resides at the address and a copy of a lease or a utility bill with the owner or renter's name and residential address.

If you are unable to provide any of the above information, please contact the ACP at 1-844-916-0295 to discuss your particular circumstances in order to come to a resolution that will allow you to participate in the program, if otherwise eligible.

Note: The Address Confidentiality Program is an integral part of a safety plan but will not provide adequate protection on its own. You are strongly encouraged to work with an advocate to develop a comprehensive safety plan. To locate an advocate, contact the Illinois Domestic Violence Hotline at (877) 863-6338.

Important Definitions

Address Confidentiality for Victims of Domestic Violence Act

- "Domestic violence" has the same meaning as in the Illinois Domestic Violence Act of 1986 and includes a threat of domestic violence against an individual in a domestic situation, regardless of whether the domestic violence or threat has been reported to law enforcement officers. 750 ILCS 61/10

Illinois Domestic Violence Act of 1986

- "Abuse" means physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation but does not include reasonable direction of a minor child by a parent or person in loco parentis. 750 ILCS 60/103(1)
- "Family or household members" include spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who share or allegedly share a blood relationship through a child, persons who have or have had a dating or engagement relationship, persons with disabilities and their personal assistants, and caregivers as defined in Section 12-4.4a of the Criminal Code of 2012. For purposes of this paragraph, neither a casual acquaintanceship nor ordinary fraternization between 2 individuals in business or social contexts shall be deemed to constitute a dating relationship. In the case of a high-risk adult with disabilities, "family or household members" includes any person who has the responsibility for a high-risk adult as a result of a family relationship or who has assumed responsibility for all or a portion of the care of a high-risk adult with disabilities voluntarily, or by express or implied contract, or by court order. 750 ILCS 60/103(6)
- "Interference with personal liberty" means committing or threatening physical abuse, harassment, intimidation or willful deprivation so as to compel another to engage in conduct from which she or he has a right to abstain or to refrain from conduct in which she or he has a right to engage. 750 ILCS 60/103(9)

Probate Act of 1975

- "Guardian" includes a representative of a minor and a representative of a person under legal disability. 755 ILCS 5/1-2.08
- "Person with a disability" means a person 18 years or older who (a) because of mental deterioration or physical incapacity is not fully able to manage his person or estate, or (b) is a person with mental illness or a person with a developmental disability and who because of his mental illness or developmental disability is not fully able to manage his person or estate, or (c) because of gambling, idleness, debauchery or excessive use of intoxicants or drugs, so spends or wastes his estate as to expose himself or his family to want or suffering, or (d) is diagnosed with fetal alcohol syndrome or fetal alcohol effects. 755 ILCS 5/11a-2

ADDRESS CONFIDENTIALITY PROGRAM
STATE OF ILLINOIS
ATTORNEY GENERAL
APPLICATION

**If you need help completing this application, call the Attorney General's Office at
1-844-916-0295 (voice), 1-877-398-1130 (TTY), or acp@atg.state.il.us.**

Applicant Information:

My name is:			My date of birth is:
(First Name)	(Middle Name)	(Last Name)	(mm/dd/yyyy)
Other names that might appear on my mail are:			
1.			
2.			

(Attach separate sheet of paper with additional names, if needed)

My contact information is:	
(Phone)	(Email)
You <input type="checkbox"/> may or <input type="checkbox"/> may not leave a phone message. (check one)	

My current residential address:		
(Street Address)	(Apartment or Unit #)	
(City)	(State)	(Zip Code)

Minor children or persons for whom a court has appointed me legal guardian, who reside at my address are:		
1. (First Name)	(Last Name)	(Date of Birth)
2.		
3.		

(Attach separate sheet of paper with additional names, if needed)

Note: Each adult residing in the household must complete a separate application in order to participate in the Address Confidentiality Program, unless the applicant has been appointed a legal guardian of the adult.

My work address:		
(Name of Employer)		
(Street Address)		
(City)	(State)	(Zip Code)

My school address:		
(Name of School)		
(Street Address)		
(City)	(State)	(Zip Code)

Applicant Affirmation and Authorization:

I have read and agree with each of the statements initialed below.	
Note: Each statement must be initialed and your signature signed below in order for your application to be certified.	
(Initials)	
	I solemnly swear or affirm that I, the minor or ward on whose behalf the application is made, or a member of my household, as defined in the Domestic Violence Act of 1986, is a victim of domestic violence.
	I solemnly swear or affirm that I fear for my safety, my children's safety, the safety of the minor or ward on whose behalf the application is made, or the safety of a member of my household, as defined in the Domestic Violence Act of 1986.
	I designate the Attorney General as my agent for purposes of service of legal process and receipt of mail.
	I understand that only state and local government agencies are required to accept my ACP Substitute Address in place of my home address. Private companies such as banks, utilities, credit reporting agencies, etc. are not required to accept my ACP Substitute Address, but I should ask these companies to use my ACP Substitute Address as my mailing address. I understand that companies providing utilities and insurance, for example, must have my home address to provide services. In these cases, it is my responsibility to explore safe options.
	I understand that, if my application is certified by the Attorney General, my certification as a program participant will be valid for 4 years unless certification is withdrawn or canceled before that date.
	I understand that, if I obtain a name change after my application is certified, I will need to reapply for certification with my new name.
	I understand that the Attorney General may cancel my certification if I change my residential address, unless I notify the Attorney General of the change at least 7 days before the change of address.
	I understand that the Attorney General may cancel my certification if mail forwarded by the Attorney General to my mailing address is returned as nondeliverable.

	I understand that the Attorney General is required to forward <u>only</u> first-class mail to my mailing address. First-class mail includes all personal mail, bills, cards, etc. It does <u>not</u> include magazines or junk mail. Packages will be forwarded <u>only</u> if sent through the U.S. Postal Service as first-class mail. The ACP <u>may</u> forward non-refrigerated medications if I make arrangements with ACP staff prior to ordering the medications.	
	I understand that the Attorney General is prohibited from disclosing the addresses I provided in this application unless, (1) a request from law enforcement is received; or (2) a court order requiring the addresses to be disclosed to a specific individual is received.	
	I understand that falsely attesting in this application that disclosure of my address(es) would endanger my safety or the safety of my children or the minor or incapacitated person on whose behalf the application or knowingly providing false or incorrect information in this application is a Class 3 felony and the Attorney General will cancel my certification as a program participant.	
Signature of Applicant:		Date:

Advocacy Assistance:

Name of advocate assisting with the completion of the application, if applicable (please print):	
Signature of Advocate:	Date:
Agency Name:	City:

To ensure confidentiality of your information, please return completed application to:

Office of the Illinois Attorney General
Address Confidentiality Program
100 West Randolph Street, 13th Floor
Chicago, IL 60601
acp@atg.state.il.us

To return an application by fax, please call 1-844-916-0295 for instructions. **Applications must include the applicant's handwritten signature.**

For assistance, call 844-916-0295 (Voice), 1-877-398-1130 (TTY), or acp@atg.state.il.us.